

No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 14 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42157

State File No. _____

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 192

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCune-Brooks Hospital ()
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 45 Minutes
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Infant of Mr. & Mrs. Edw. Horton.

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Edward Horton 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 2nd, 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 0 hr. 45 min.

9. Birthplace Carthage, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Edward Horton
13. Birthplace Wichita, Kansas
(State or foreign country)
14. Maiden name Pearl
15. Birthplace Foster, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Edward Horton.
(b) Address Route #4, Carthage, Mo.
17. (a) Burial (b) Date thereof 12-3-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address 1208 Garrison, Carthage, Mo.

19. (a) Dec. 3, 1941 (b) E. J. McEntire, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town RURAL - 39
(If outside city or town limits, write "RURAL")
(d) Street No. Route #4, Carthage, Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2nd,
year 1941 hour 1:45 minute _____ P. M.
21. I hereby certify that I attended the deceased from Dec 2nd
1941 to Dec 3rd 1941
that I last saw him alive on Dec 2nd 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity
5 1/2 lbs. Vaso Rectum

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 159

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature E. J. McEntire (M. D. or other) M.D.
Address 304 Grant, Carthage Date signed 12-3-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No. 4194

P. O. Address Carthage Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.